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**CCC-709 PELT U.S. DEPARTMENT OF AGRICULTURE**  
(06-27-03) Commodity Credit Corporation

**DIRECT UNSHORN PELT LOAN DEFICIENCY  
PAYMENT (LDP) CERTIFICATION AND APPLICATION**

1. CONTACT PRODUCER'S NAME AND ADDRESS  
(Including Zip Code)

TELEPHONE NO. (Area Code):

2. CONTACT PRODUCER'S ID NUMBER

3. CROP YEAR

**NOTE:** The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

*The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is Section 1205(a)(2) of the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171). The information will be used to determine eligibility and the amount of program benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

Use this form **BEFORE** slaughter of unshorn lambs for personal use or delivery of unshorn lambs for slaughter to a lamb slaughter company or order buyer at a lamb sale representing a lamb slaughter company when you will lose title, control, and risk of loss (*beneficial interest*) at the time of the delivery or slaughter.

**PART A - PRODUCER'S TERMS AND CONDITIONS: (Please check applicable "YES" or "NO" boxes below and Producer must initial for each response in Items 4 through 13).**

	YES	NO	INITIALS
4. Will the unshorn pelts be stored on the farm that is not temporary storage for drying and preservation purposes? (If "YES", this agreement becomes null and void for that quantity only and you must request LDP on CCC-633 PELT before you lose beneficial interest.)			
5. Does more than one producer have an interest in the quantity for this request? (If "YES", all producers must sign this request.)			
6. Will all producers requesting this LDP have title, control, and risk of the loss ( <i>beneficial interest</i> ) in accordance with 7 CFR Part 1421 (1) at the time of delivery of the unshorn lamb for slaughter to a lamb slaughter company, (2) at the time of delivery of the unshorn lambs to an order buyer at a lamb sale or (3) at the time of slaughter for personal use?			
7. Will the unshorn pelts be produced by all producers requesting this LDP?			
8. Were the unshorn lambs that produced the unshorn pelts retained for at least 30 days before the date of slaughter?			
9. With regards to the unshorn lambs, indicate which type of owner you are by checking the appropriate box below : <input type="checkbox"/> Original / first owner <input type="checkbox"/> Second owner <input type="checkbox"/> Other owner _____			
10. Will the unshorn lambs be sold for immediate slaughter to a slaughter lamb company or an order buyer representing a slaughter lamb company at a lamb sale?			
11. Will the unshorn lambs be slaughtered for personal use?			
12. Will the unshorn lambs be sold as feeder lambs to a feeder lamb buyer?			
13. Are you or any co-applicant delinquent on any federal non tax debt? (If "YES", provide details:)			

**PART B - HERD CERTIFICATION**

14. CURRENT HERD / FLOCK SIZE (Enter the number of head:) \_\_\_\_\_

*The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.*

**PART C - PRODUCER'S CERTIFICATION**

15. I certify that all information entered on this form is true and correct. By completing and reviewing Part A and Part B, and by signing this form the producer(s) ("Producer") hereby enters into this agreement with the Commodity Credit Corporation (CCC) with respect to the commodity described in this Part and agrees that the loan deficiency payment (LDP) rate in effect for the unshorn lamb pelt on the date of delivery of the unshorn lambs to the processor, buyer, warehouse, or cooperative if the unshorn lambs are delivered directly from the farm / feed lot / ranch location to the processor, buyer, warehouse, or cooperative or agrees to the rate in effect on the date of slaughter if slaughtered for personal use. The producer further understands that with respect the commodity described in this Part: (a) to receive payment for the unshorn lamb pelt, a request for payment must be made at the County FSA Office where the farm records are maintained; (b) the unshorn lamb that produced the unshorn pelt must have been alive and unshorn at the time beneficial interest was lost; (c) the payment will be based on a standard weight of 6.865 pounds per pelt; (d) that if the commodity is delivered to a farm storage, except for temporary storage or immediate drying, this agreement becomes null and void and a CCC-633 PELT for unshorn pelts must be requested before the producer loses beneficial interest in the commodity; (e) any false claim or statement made may lead to civil liability or criminal prosecution; (f) this LDP may be selected for spot check and the producer will be required to provide supplemental documents to determine program eligibility; (g) that slaughter lamb companies are ineligible for this benefit and this LDP request is not being submitted on behalf of a slaughter lamb company; (h) this agreement remains in force until such time it is revised or terminated on or before the earlier of the date of delivery or sale of the unshorn lambs for slaughter; (i) CCC may require copies of sales contracts for the production represented by this application; (j) CCC shall require the refund of the LDP amount, plus interest from the date of payment if the producer is later determined by CCC to be ineligible for the LDP; and (k) CCC shall assess liquidated damages in accordance with 7 CFR Part 1421 if the producer misrepresented the eligible commodity indicated above. I also understand that if the Producer sold unshorn lambs to a feeder lamb buyer for further feeding before slaughter that the feeder lamb buyer and NOT the producer who sold the unshorn lambs to the feeder lamb buyer is eligible to receive an LDP for the unshorn lamb pelts.

16. SIGNATURE OF PRODUCER(S)	17. SHARE (%)	18. DATE (MM-DD-YYYY)	19. PRODUCER'S ID NUMBER

**PART D - PAYMENT REQUEST**

20. ☐ CHECK THIS BOX AND ATTACH THE PRODUCTION EVIDENCE TO THIS FORM IF THE PRODUCER PROVIDES PRODUCTION EVIDENCE WHEN PAYMENT IS REQUESTED.

21. IF A CERTIFIED LDP REQUEST FOR PAYMENT AND PRODUCTION EVIDENCE IS NOT ATTACHED, COMPLETE ITEMS A AND C BELOW: NOTE: ITEM B IS COMPLETED BY CCC.

A. DATE DELIVERED, SOLD, OR SLAUGHTERED (MM-DD-YYYY)	B. CCC - DETERMINED VALUE - LDP RATE (COUNTY FSA OFFICE USE)	C. NUMBER OF UNSHORN PELTS REQUESTED	A. DATE DELIVERED, SOLD, OR SLAUGHTERED (MM-DD-YYYY)	B. CCC - DETERMINED VALUE - LDP RATE (COUNTY FSA OFFICE USE)	C. NUMBER OF UNSHORN PELTS REQUESTED
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	
	\$			\$	

**PART E - CCC'S DETERMINATION**

22. APPROVED FOR CCC BY:	25A. COUNTY FSA OFFICE NAME AND ADDRESS (Including Zip Code)	25B. COUNTY FSA OFFICE TELEPHONE NO. (Area Code)
23. DISAPPROVED FOR CCC BY:		
24. DATE (MM-DD-YYYY)		
26. REMARKS AND REASONS FOR DISAPPROVAL, AS APPLICABLE:		